



Council on Volunteer Services
Georgia Health Care

EXECUTIVE BOARD OFFICER APPLICATION FORM

Date _____
Please type or Print information.

FOR THE OFFICE OF _____

Name of Applicant _____

Mailing Address _____

Telephone _____ Email _____

Name of Hospital _____

Address of Hospital _____

Total Number of years you have been a member of a hospital volunteer group _____

Please list all Volunteer Service offices and Committee Chairman Positions held, including years held. If necessary, use additional sheets of paper to complete these lists.

Please list all volunteer service areas in the hospital where you have served, including years.

If you have previously served on the COVS/GHC Board of Management, please list the other offices, Committee Chairman Positions and activities involved in while serving.

Total number of years you have served on the Board of Management _____

Would you be willing to move to other Board of Management offices in the future? Yes ____ No ____

Comments: _____

Would you be willing to serve in an office other than the one for which you are applying? Yes ____ No ____

Comments _____

Please list other organizational involvement outside of healthcare volunteerism. Give office/committee chairman positions held and the year held.

PLEASE ATTACH A SHEET EXPLAINING WHY YOU ARE SEEKING AN OFFICE FOR THE COVS/ GHC BOARD OF MANAGEMENT AND TELL WHY YOU BELIEVE YOU ARE QUALIFIED FOR THIS POSITION.

I, the undersigned applicant, understand that serving in the office of _____
For the COVS/GHC is a responsibility. This obligation involves duties and travel, as well as services to all members of the Council. I willingly and knowingly accept all responsibilities required for this office.

Signature of the applicant Date

We pledge our support to this applicant _____
And to the Council on Volunteer Services/Georgia Health Care in this endeavor:

Signature of the Volunteer Service Group President Date

Signature of the Hospital Administrator/CEO Date

If applying for the office of COVS/GHC TREASURER, please attach the following information:

1. Education or training in accounting
2. Experience in bookkeeping/accounting
 - a. Employment
 - b. Clubs/organizationsPlease check:
Experience in accounts receivable? Yes ___ No ___
Experience in accounts payable? Yes ___ No ___
Are you willing to serve as Treasurer for COVS/GHC for more than one (1) year?
Yes ___ No ___

THIS FORM, **WITH ALL PARTS COMPLETED**, MUST BE RECEIVED BY THE NOMINATING COMMITTEE CHAIR not later than **July 15**.

Mail form to to **Elizabeth (Liz) Eckenfels**
4367 Claresbrook Lane
Acworth, GA 30101
678-463-8232
liz.covsga@gmail.com